

ADULT REGISTRATION FORM

USE A SEPARATE REGISTRATION FORM FOR EACH PARTICIPANT

Year: _____ Season (circle one) Spring Summer Fall Winter

Name: _____ M / F DOB ____/____/____ Senior _____

Address: _____ Home#: _____

Town: _____ Zip _____ E-Mail: _____

In the event of an emergency we will make contact in the order you indicate:

#1 _____ Work # _____ Cell # _____

#2 _____ Work # _____ Cell # _____

Special Need/Concerns: _____

I do hereby waive, release, absolve, indemnify, and agree to hold harmless Carlisle Recreation, the Directors, sponsors, supervisors, coaches, participants, volunteers, and any person transporting me/my child to or from activities for any claim arising out of an injury to me/my child. I give permission for medical treatment to be given if the need arises.

Signature: _____ Date: _____

Seniors (age 60+) may opt to pay the senior rate (15% discount) or may pay the regular rate.

<u>Class Name</u>	<u>Day</u>	<u>Time</u>	<u>Session</u>	<u>Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

If (class name) _____ is fully enrolled, my second choice is (class name) _____

___ I would like to make a donation to the Recreation Gift Account (future improvements) \$ _____

___ I would like to make a donation to the Recreation Financial Aid Fund \$ _____

Make checks payable to: Town of Carlisle Amount Enclosed: \$ _____

Register on line at www.carlislema.gov/registration

Mail Registration and check to: Carlisle Recreation, 66 Westford St., Carlisle, MA 01741